## 11600 011 589

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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SECRETARY OF STATE
TAIL ANASSET, FLORIE

3EP 1 4 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations								
SUBJECT: MIAMI WAVE REALTY, LLC	<u> </u>							
(Name of Limited Liabil	ity Company)							
The enclosed member, resignation or dissociation and	d fee(s) are submitted for filing.							
Please return all correspondence concerning this matt	er 10:							
JOSE SAUCO								
(Contact Person)	<del></del>							
MIAMI WAVE REALTY, LLC								
(Firm/Company)	<del></del>							
20900 NE 30TH AVE, SUITE 200-20 (Address)								
AVENTURA FL 33180 (City/State and Zip Code)								
For further information concerning this matter, please call:								
JOSE SAUCO at ( 3	05 <sub>)</sub> 609-1332							
(Name of Contact Person) (Area	a Code & Daytime Telephone Number)							
Enclosed please find a check made payable to the Florida Department of State for:  \$\mathbb{G}\$ \$25 Filing Fee & Certified Copy								
STREET/COURIER ADDRESS:	MAILING ADDRESS:							
Registration Section	Registration Section							
Division of Corporations	Division of Corporations							
Clifton Building	P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314							

CR2E079 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compassions the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1.	Na	Same of the limited liability company: MIAMI WAVE REALTY, LLC						
2. (	a) <sub>.</sub>	20900 NE 30TH AVE, SUITE 200-20 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)_		Mailin	g address of limited liability company:  te: MAY BE POST OFFICE BOX)	
		AVENTURA, FL 33180		_				
		08/16/2019	<del></del>			L16	000011589	
3.		Date of filing/registration in Florida		4.		Doc	ument number	
5.	(a)	MIRIAM MIZRAHI						
٥.	(,	Registered Agent and Registered Office shown on the record	s of the	Florida D	ept. of State	- 2:		
		20900 NE 30TH AVE, SUITE 200	-20					
		Registered Office Address (MUST BE FLORIDA STRE		DRESS)		-		
							_T	
		AVENTURA.	. FL_	3318	30	-	19 SEP	
	d. V	JOSE SAUCO						
(	(b)	Enter name of NEW Registered Agent and/or NEW Registered	ered O	ffice addre	ess:	-	275	
							A COMPANY OF TAXABLE PARKETS	
		20900 NE 30TH AVE, SUITE 200-	-20				₩₩ =	
		NEW Registered Office Address:	_=_			-	700 A	
						-		
		AVENTURA	.FL_	33180		_		
the age was the	cha nt v s/we arti ignat	mited liability company is not organized under the nge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of the operating agreement of the operating agreement of the operation of a member of a m	s of the diabers of the line	ne registe ility com the limite mited lia	ered office pany, it is ed liability bility con	e and s here y cor npany (20)	the business office of the registereby confirmed that the change(s) inpany or as otherwise provided in which is the change of signee	
I h pro the to i not	erei visi obl nere ifice	by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as proved reflect a change in the registered office address in writing of this change.	agree lete pe vided j s, I he	to act in erforman for in Ch reby con			. I further agree to comply with the s, and I am familiar with and accept. Or, if this document is being filed imited liability company has been	
Sig	กะเบิ	re of Régistèred Agent		and the same of th	70	<b>3</b> 6		